2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000012065

Entity Name: SMALL STEPS PEDIATRIC THERAPY, INC.

1318 WEST OAK STREET SUITE 1

KISSIMMEE,, FL 34741 US

Address:

City-St-Zip:

FILED Apr 30, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 1318 WEST OAK STREET SUITE 1 KISSIMMEE, FL 34741 **New Mailing Address: Current Mailing Address:** 1318 WEST OAK STREET SUITE 1 KISSIMMEE, FL 34741 FEI Number: 03-0385357 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: AYALA, INDIRA 1318 WEST OAK STREET SUITE 1 KISSIMMEE, FL 34741 US The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition AYALA, INDIRA Name: Name: 1318 WEST OAK STREET SUITE 1 Address: Address: City-St-Zip: KISSIMMEE, FL 34741 US City-St-Zip: () Delete Title: VΡ Title: () Change () Addition Name: AYALA, MARIANO Name:

Address:

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARIANO AYALA VP 04/30/2008